

Recurring Credit Card Payment Authorization

This agreement is to authorize monthly charges to your credit card. You will be charged the specific amount each month automatically on the day of the month listed below. A receipt for each month's payment will be supplied to you at your request and will appear on your credit card statement. You agree that no prior notification will be given and the amount charged will not differ from the amount listed below.

I _____ authorize Free Time Fitness to charge my credit card
(Card holders Name)
indicated below for \$ _____ on the _____ of each month. Or paid in full in
the amount of _____
(Amount) (Day)

Billing Information

Billing Address _____

Phone: _____

City, State, Zip _____

Email: _____

Card Details

Card Type: _____

Card Holders Name: _____

Card Number: _____

Expiration Date: ____/____

CCV Code: _____

By signing below, I have read and understand this agreement.

Card Holders Signature: _____

Date: _____